

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000102223

1. Entity Name
 COURTNEY WOODS DEVELOPMENT, INC.



Principal Place of Business Mailing Address

100 COLONIAL CENTER PKWY., SUITE 470 100 COLONIAL CENTER PKWY., SUITE 470
 LAKE MARY, FL 32746 LAKE MARY, FL 32746

DO NOT WRITE IN THIS SPACE



01242008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 76-0811482 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF ORLANDO
 300 SOUTH ORANGE AVE., SUITE 1000
 ORLANDO, FL 32801-5403

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VTS
NAME	SCHAFFER, JOHN
STREET ADDRESS	100 COLONIAL CTR PKWY STE 470
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	P
NAME	OGIER, GENALD D
STREET ADDRESS	100 COLONIAL CTR PKWY STE 470
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	V
NAME	OGIER, MARK C
STREET ADDRESS	100 COLONIAL CTR PKWY STE 470
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	V
NAME	OIGIER, STEVEN D
STREET ADDRESS	100 COLONIAL CTR PKWY STE 470
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Schaffer John Schaffer 2/8/08 407-333-0060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #